

Date \_\_\_\_\_ # \_\_\_\_\_

## Hi! Welcome to your Teen Clinic

Your name \_\_\_\_\_ Birthday \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # that's safe for us to call \_\_\_\_\_ Who's # is it? \_\_\_\_\_

If you are in school, what school? \_\_\_\_\_

### What can we do for you tonight?

What is the MAIN reason why you are here tonight? \_\_\_\_\_

What else are you here for?

I need a NEW birth control method. *If you already know what kind, circle it/them.*

Pills	Depo (the shot)	Norplant	IUD	Condoms
Emergency Contraceptive Pill	Diaphragm	Foam	Other	

I need a refill on my birth control. What kind? \_\_\_\_\_

I need more information about birth control.

am having problems with my or my partner's birth control method.

I might have an infection (STD). I need an infection check.

I might be pregnant. I need a pregnancy test.

need a hepatitis shot.

I have private things I'd like to talk with someone about.

I would like to talk to the YES counselor.

Other \_\_\_\_\_

To help us serve you better, please tell us...

At what time do you **absolutely** have to leave? \_\_\_\_\_

(You probably will be here for an hour or more, depending on how many people are in front of you)

Where are you staying? I am staying with (circle):

Parents	Friends	By myself	Girlfriend	Boyfriend
Relative/s	Wife	Husband	Shelter	Other

